

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 7/27/07

Supp &

SCANNED

JUL 31 2007

By: 67
10705??

1. NAME

Gaudin Todd

E
MI

2. BUSINESS PHONE

(225) 767-7186

3. BUSINESS ADDRESS

10839 Perkins Rd, BR. LA 70800

Street and No. City State Zip

MAILING ADDRESS

Same as above

Street and No. City State Zip

4. EMPLOYER

Kuehne, Foote, & Gaudin, APC

5. EMPLOYER'S ADDRESS

Same as above

Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name

Louisiana Catholic Conference (LCC)

Address

Business or purpose

Educational, Social, Moral legislation

☐

New Representation

Does this person pay you?

If No, who pays you?

☒

Terminated Representation as of

LCC

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RECEIVED
FUNDRAISING
DEPARTMENT


SUPPLEMENTAL REGISTRATION FORM



2. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist